## L10000019531

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SECRETARY OF STATE
FALLAHASSEE, FI ORIO

J. BRYAN

MAR - 2 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT:	51 WI	51 WINDSOR LLC		
		ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:	Es 5	
		DIANE KAY		
	·	Name of Person	FILE PH 3: 19 10 MAR-1 PH 3: 19 SECRETARY OF STATE FLORID.	
		Firm/Company	FLORI	
	40	9 N POINT RD, #1003		
		OSPREY, FL 34229		
		City/State and Zip Code	======================================	
	E-mail address: (	to be used for future annual report	notification)	
For further information	on concerning this matter, please of	:all:		
Nan	DIANE KAY ne of Person	at ( 941) Area Code & D	586-4546  Aytime Telephone Number	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee,   Certificate of Status &   Certified Copy   (additional copy is enclosed)	
	AILING ADDRESS: gistration Section	STREET/CO Registration S	OURIER ADDRESS:	
Div P.C	vision of Corporations  D. Box 6327  Iahassee, FL 32314	Division of C Clifton Buildi	orporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	51 WIND			SEX P	
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now apper Liability Company)	irs on our records.)	FELCE	
The Articles of Organization for this Limited	Liability Company	were filed on	02/22/2010	and assigned	
Florida document number L1000001	9531				
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited lial	bility company he	<u>re</u> :		
	N/A	4			
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	·				
B. If amending the registered agent and	Van ragistavad a	ffice address on	our records enter	the name of the name	
registered agent and/or the new registered of			our records, enter	the name of the new	
Name of New Registered Agent:	N/A				
New Registered Office Address:		77.		1	
		Enter Florida street address			
		C:+.	, Florida _	7:- Code	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGR	TRACY D KELLEY	905 CAMELOT LANE LAKELAND, FL 33813	Add ☑ Remove				
MGR	DIANE KAY	409 N POINT RD, #1003 OSPREY, FL 34229	Add  Remove				
MGRM	THOMAS S. DEAN, SR	409 N POINT RD #1003 OSPREY, FL 34229	✓ Add Remove				
	······································		Add Remove				
			AddRemove				
			Add Remove				
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if ne	TO MAR - 1 SECRETARY O				
			PH 3: 19 OF STATE FLORIDA				
Dated	FEBRUARY 24	2010 .					
Diane Kay							
	Signature of a	member or authorized representative of a member DIANE KAY					
Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00